

Privacy Release Form

Congressman Alcee L. Hastings 23rd Congressional District, Florida

Name: _____

Full Postal Address: _____

Home Phone: _____ Business Phone: _____

Please complete blanks where applicable:

Social Security Number: _____

Veterans Claim Number: _____

Military Identification Number: _____

Other numbers identifying your case: _____

Types of benefits I am seeking: _____

Date and Place claim was filed: _____

Federal Agency involved: _____

Additional information/explanation of request:

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Alcee L. Hastings or a member of his staff to make the appropriate inquiry on my behalf.

(Signature)